

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

IN RE:

KRYSTA GENTRY,

Debtor.

Case No. 20-13708-SAH
(Chapter 7)

**AMENDED PETITION, SCHEDULE A/B, SCHEDULE C, SCHEDULE E/F,
SCHEDULE G, SUMMARY OF SCHEDULES, STATEMENT OF FINANCIAL
AFFAIRS, STATEMENT OF INTENTIONS AND VERIFICATION OF CREDITOR
MATRIX**

1. Petition, Line 4: Added DKG Investments
2. Petition, Line 11: Debtor rents residence
3. A/B, Line 17: Added account for Arvest and Tinker Federal Credit Union; Added balance of accounts as of day filed
4. A/B, Line 19: Added business interest in DKG Investments
5. A/B, Line 27: Added alarm license
6. A/B, Line 29: Added child support
7. A/B, Line 33: Added possible malpractice claim against 3rd party, Stephen Harry
8. A/B, Line 36: Changed total of financial assets to \$1025.08 from \$418.00
9. A/B, Line 58: Changed total of financial assets to \$1025.08 from \$418.00
10. A/B, Line 62: Changed total of personal property to \$4250.08 from \$3,643.00
11. A/B, Line 63: Changed total of all personal property to \$4250.08 from \$3,643.00
12. C, Line 2: Additional Page: three bank accounts show exempt balance of \$78.88, \$941.20, and \$5.00, respectively
13. E/F: Added At the Beach
14. E/F: Removed Chad Watson
15. E/F: Removed Melinda Adkins
16. E/F: Removed Tom Taylor
17. E/F, Line 6i: Changed total of nonpriority unsecured claims to \$103,531.54 from \$169,932.54
18. E/F, Line 6j: Changed total of all nonpriority claims to \$104,831.54 from \$171,232.54
19. G: Added executory contract with Homeworx for rental or personal property
20. 106Sum, Line 3b: Changed total of nonpriority unsecured claims value to \$104,831.54 from \$171,232.54
21. 106Sum, Line 8: Changed current monthly income to \$3185.00 from \$0.00
22. 107/SOFA: Reflects correct address resided at in last three years from 12840 Park Hill Road, Edmond, OK 73012 to 13331 N MacArthur Blvd, Oklahoma City 73142
23. 107/SOFA, Line 4: Added income from 2020 of \$31,196.58, from 2019 of \$93,967.00, and 2019 of \$90,984.00

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24. 107/SOFA, Line 5: Added income from 2020 of (estimated) \$18,680.00 for unemployment benefits, from 2019 of \$9300.00 in gross rental income and from 2018 of \$10,497.00 for rental income
25. 107/SOFA, Line 9: Added Case No. FP-2014-1169 in the Oklahoma County District Court as a lawsuit for last calendar year. Noted Appellate proceeding as well: Case No. PR-119035.
26. 107/SOFA, Line 9: Added Case No. FD-02207-3130 in the Oklahoma County District Court as a lawsuit for last calendar years; this matter is ongoing.
27. 107/SOFA, Line 18: Added two transfers of property for William T. Hollis & Pamela Sue Hollis and Deborah Strawn McIntyre, respectively
28. 107/SOFA, Line 23: Added 2006 Lexus GX7 as property being held on behalf of Deborah and Harold McIntyre
29. 107/SOFA: Line 27: Added DKG Investments as a business connection within last four years
30. 108/Statement of Intentions: Added personal rental agreement with Homeworx, to be assumed
31. Verification of creditor matrix: Added At the Beach and Homeworx; removed Center for Women's Health, Chad Watson, Melinda Adkins and Tom Taylor
32. 122A-1, Line 4: Added child support of \$850.00 as monthly income
33. 122A-1, Line 8: Changed unemployment income to \$2335.00 from \$2300.00
34. 122A-1, Line 12a and 12b: Changed total monthly income to \$3185.00 from \$0.00; Changed annual income to \$38,220.00 from \$0.00
35. 106Sum, Line 1b and 1c: Changed totals of personal property value to \$4250.08 from \$3643.00
36. 107/Statement of Financial Affairs, Line 1: Changed to reflect marital statues

/s/ Gary D. Hammond
Gary D. Hammond, #13825

OF COUNSEL:
MITCHELL & HAMMOND
An Association of Professional Entities
512 N.W. 12th Street
Oklahoma City, OK 73103
405.216.0007 Telephone
405.232.6358 Facsimile
gary@okatty.com Email
**ATTORNEYS FOR KRYSTA
GENTRY**

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF OKLAHOMACase number (if known): **20-13708**

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☒ Check if this is an amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy****04/20**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|--|--|
| 1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Krysta First Name Nicole Middle Name Gentry Last Name Suffix (Sr., Jr., II, III) | First Name Middle Name Last Name Suffix (Sr., Jr., II, III) |
| 2. All other names you have used in the last 8 years Include your married or maiden names. | Krysta First Name N Middle Name Watson Last Name Krysta First Name Middle Name Hollis Last Name | First Name Middle Name Last Name First Name Middle Name Last Name |
| 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - 7 6 8 6 OR 9xx - xx - | xxx - xx - OR 9xx - xx - |

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

About Debtor 1:☐ I have not used any business names or EINs.**DKG Investments**

Business name

Business name

Business name

EIN EIN **5. Where you live****2800 NW 184th St**

Number Street

Edmond OK 73012

City State ZIP Code

Oklahoma

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)**About Debtor 2 (Spouse Only in a Joint Case):**☐ I have not used any business names or EINs.

Business name

Business name

Business name

EIN EIN **If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Check one:☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under***Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes.

| | | |
|----------------|----------------|-------------------|
| District _____ | When _____ | Case number _____ |
| | MM / DD / YYYY | |
| District _____ | When _____ | Case number _____ |
| | MM / DD / YYYY | |
| District _____ | When _____ | Case number _____ |
| | MM / DD / YYYY | |

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes.

| | |
|----------------|-------------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ Case number, _____ |
| | MM / DD / YYYY if known |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ Case number, _____ |
| | MM / DD / YYYY if known |

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 6: Answer These Questions for Reporting Purposes**

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
-
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
- ☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Krysta Nicole Gentry

Krysta Nicole Gentry, Debtor 1

Executed on **06/28/2021**

MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****For your attorney, if you are represented by one****If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Gary D. Hammond

Signature of Attorney for Debtor

Date **06/28/2021**

MM / DD / YYYY

Gary D. Hammond

Printed name

Mitchell & Hammond

Firm Name

512 N.W. 12th Street

Number Street

Oklahoma City

City

OK

State

73103

ZIP Code

Contact phone **(405) 216-0007**Email address **gary@okatty.com****13825**

Bar number

OK

State

Fill in this information to identify your case and this filing:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Krysta</u> | <u>Nicole</u> | <u>Gentry</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF OKLAHOMA</u> | | |
| Case number (if known) | <u>20-13708</u> | | |

☒ Check if this is an amended filing
Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

\$0.00**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
☐ Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →

\$0.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... Couch, dining room table, Dining room cabinet, 4 beds, 1 desk

\$750.00

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... **3 TV's****\$125.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... **Miscellaneous clothing****\$850.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... **Wedding ring****\$1,500.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....****\$3,225.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes..... Cash:**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes..... Institution name:

| | | | |
|-------|-------------------|-----------------------------|-----------------|
| 17.1. | Checking account: | Arvest Checking 3792 | \$78.88 |
| 17.2. | Checking account: | Arvest checking 5207 | \$941.20 |
| 17.3. | Savings account: | TFCU Savings 2782 | \$5.00 |

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

DKG Investments, LLC

This entity has bare legal title to debtor's parents' homestead located at 12840 Park Hill Road, Oklahoma City, OK 73142

100%**\$0.00****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each

account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.....

Institution name or individual:

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No
☒ Yes. Give specific information about them

Alarm license**\$0.00****Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☐ No
☒ Yes. Give specific information

Alimony: **\$0.00**Maintenance: **\$0.00**Support: **\$0.00**Divorce settlement: **\$0.00**Property settlement: **\$0.00****Support: Child Support \$850 Paid Monthly. Amt: \$0.00****30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
- ☐ Yes. Name the insurance company of each policy and list its value..... Company name: _____ Beneficiary: _____ Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
- ☐ Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No
- ☒ Yes. Describe each claim..... Potential malpractice claim against Stephen Harry Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
- ☐ Yes. Describe each claim..... _____

35. Any financial assets you did not already list

- ☒ No
- ☐ Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$1,025.08****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
- ☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
- ☐ Yes. Describe.. _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
- ☐ Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
- ☐ Yes. Describe.. _____

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****41. Inventory**☒ No☐ Yes. Describe..**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe..... Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$0.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the
portion you own?**Do not deduct secured
claims or exemptions.**47. Farm animals***Examples: Livestock, poultry, farm-raised fish*☒ No☐ Yes....**48. Crops--either growing or harvested**☒ No☐ Yes. Give specific
information.....**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes....**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes....**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific
information.....

Debtor 1 Krysta Nicole GentryCase number (if known) 20-13708

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... →

\$0.00

56. Part 2: Total vehicles, line 5 \$0.00

57. Part 3: Total personal and household items, line 15 \$3,225.00

58. Part 4: Total financial assets, line 36 \$1,025.08

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.....

\$4,250.08

Copy personal
property total →

+ \$4,250.08

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$4,250.08

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | Krysta | Nicole | Gentry |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF OKLAHOMA | | |
| Case number (if known) | 20-13708 | | |

☒ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| Brief description: Couch, dining room table, Dining room cabinet, 4 beds, 1 desk Line from <i>Schedule A/B</i> : <u>6</u> | <u>\$750.00</u> | <input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Okla. Stat. tit. 31 § 1(A)(3) |
| Brief description: 3 TV's Line from <i>Schedule A/B</i> : <u>7</u> | <u>\$125.00</u> | <input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Okla. Stat. tit. 31 § 1(A)(3) |
| Brief description: Miscellaneous clothing Line from <i>Schedule A/B</i> : <u>11</u> | <u>\$850.00</u> | <input checked="" type="checkbox"/> <u>\$850.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Okla. Stat. tit. 31 § 1(A)(7) |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|------------------------------------|
|---|--------------------------------------|-----------------------------------|------------------------------------|

| | |
|----------------------------------|---------------------------------------|
| Copy the value from Schedule A/B | Check only one box for each exemption |
|----------------------------------|---------------------------------------|

Brief description:

Wedding ringLine from Schedule A/B: 12\$1,500.00\$1,500.00**Okla. Stat. tit. 31 § 1(A)(8)**

100% of fair market value, up to any applicable statutory limit

Brief description:

Arvest Checking 3792Line from Schedule A/B: 17.1\$78.88\$78.88**Okla. Stat. tit. 31 §§ 1(A)(18), 1.1**

100% of fair market value, up to any applicable statutory limit

Brief description:

Arvest checking 5207Line from Schedule A/B: 17.2\$941.20\$941.20**Okla. Stat. tit. 31 §§ 1(A)(18), 1.1**

100% of fair market value, up to any applicable statutory limit

Brief description:

TFCU Savings 2782Line from Schedule A/B: 17.3\$5.00\$5.00**Okla. Stat. tit. 31 §§ 1(A)(18), 1.1**

100% of fair market value, up to any applicable statutory limit

Fill in this information to identify your case:

| | | | |
|---|-----------------|---------------|---------------|
| Debtor 1 | <u>Krysta</u> | <u>Nicole</u> | <u>Gentry</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF OKLAHOMA</u> | | | |
| Case number (if known) | <u>20-13708</u> | | |

☒ Check if this is an amended filing
Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|--|-----------------|--------------------|
| 2.1 | | | |
| Priority Creditor's Name | Last 4 digits of account number | | |
| Number Street | When was the debt incurred? | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | |
| Is the claim subject to offset? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim**4.1****Amex/Bankruptcy**

Nonpriority Creditor's Name

ATTN: Corr./Bankruptcy

Number Street

PO Box 981540**El Paso****TX****79998**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

4.2**At the Beach**

Nonpriority Creditor's Name

333 West Hampden Ave

Number Street

Suite 830**Englewood****CO****80110**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4 7 1 2****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

\$5,668.00

Last 4 digits of account number

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Services**

\$300.00

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.3****Unknown****Brett Glenn**

Nonpriority Creditor's Name

13205 NW 6th

Number Street

Last 4 digits of account number _ _ _ _

When was the debt incurred? _ _ _ _

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Yukon OK 73099

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Legal work**4.4****Unknown****CCS**

Nonpriority Creditor's Name

PO Box 337

Number Street

Last 4 digits of account number _ _ _ _

When was the debt incurred? _ _ _ _

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Norwood MA 02062

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.5**\$120.00****Centers for Women's Health**

Nonpriority Creditor's Name

13921 N Meridian Ave

Number Street

Suite 200

Last 4 digits of account number _ _ _ _

When was the debt incurred? _ _ _ _

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Oklahoma City OK 73134

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical debt**

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.6****\$3,344.00****Citibank**

Nonpriority Creditor's Name

Citicorp Credit Services

Number Street

ATTN: Centralized Bankruptcy Dept**PO Box 790034****st Louis****MO 63179**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.7**\$0.00****Citibank/The Home Depot**

Nonpriority Creditor's Name

Citicorp Credit Services

Number Street

ATTN: Centralized Bankruptcy dept**PO Box 790034**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.8**\$6,431.00****Comenity Bank/Kay Jewelers**

Nonpriority Creditor's Name

ATTN: Bankruptcy Dept

Number Street

PO Box 182125**Columbus****OH 43128**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Last 4 digits of account number

5 7 5 5

When was the debt incurred?

6121

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Charge Account

Last 4 digits of account number

8 5 9 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Charge account

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.9****\$239.60****Dermatology Clinic**

Nonpriority Creditor's Name

2743 NW Expressway

Number Street

Last 4 digits of account number **4 4 4 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Oklahoma City OK 73112

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical debt

4.10**\$10,705.00****Discover Financial**

Nonpriority Creditor's Name

ATTN: Bankruptcy

Number Street

PO Box 3025Last 4 digits of account number **4 9 6 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

New Albany OH 45274

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.11**\$200.00****DLO**

Nonpriority Creditor's Name

PO Box 740732

Number Street

Last 4 digits of account number **7 6 6 5**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Cincinnati OH 45274

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical debt

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.12****\$42.30****Dr. Mark A. Dawkins M.D., P.C.**

Nonpriority Creditor's Name

13174 N MacArthur Blvd

Number Street

Oklahoma City OK 73142

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.13**\$257.76****Emergency Phsyicians of Mid America**

Nonpriority Creditor's Name

PO Box 5406

Number Street

Cinnccinnati OH 45273

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.14**\$2,861.00****Kohl's/Capital One**

Nonpriority Creditor's Name

ATTN: Credit Admin

Number Street

PO Box 3043**Milwaukee WI 53201**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debtLast 4 digits of account number **2 8 5 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debtLast 4 digits of account number **9 3 8 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Charge account

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.15****\$215.00****Mercy Health Center**

Nonpriority Creditor's Name

1730 E. Portland

Number Street

Springfield MO 65804

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.16**\$169.29****Mercy Health Center/Receivable Solution**

Nonpriority Creditor's Name

PO Box 21608

Number Street

Columbia SC 29221-1608

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.17**\$54.60****Oklahoma Otolaryngology Associates**

Nonpriority Creditor's Name

PO Box 96-0119

Number Street

Oklahoma City OK 73196

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debtLast 4 digits of account number **3 9 0 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debtLast 4 digits of account number **9 6 3 6**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debt

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.18****\$30.99****Optique Vision Center**

Nonpriority Creditor's Name

1482 S Bryant Ave

Number Street

Last 4 digits of account number **5 4 5 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Edmond OK 73034

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debt**4.19****\$10,000.00****Preston Hills Homeowners Association**

Nonpriority Creditor's Name

PO Box 721169

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Oklahoma City OK 73172

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

HOA Dues**4.20****\$76.24****Quail Springs Dental**

Nonpriority Creditor's Name

14221 N Penn

Number Street

Suite CLast 4 digits of account number **5 8 2 6**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Oklahoma City OK 73134

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debt

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****\$512.00****Retinal Associates of Oklahoma**

Nonpriority Creditor's Name

12318 St. Andrews Dr

Number Street

ATTN: Dr. Haivala

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.22**\$103.00****Southwest Orthopaedic c/o Works & Lentz**

Nonpriority Creditor's Name

3030 NW Expressway

Number Street

Suite 1300

City State ZIP Code

Oklahoma City OK 73112**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.23**\$118.15****SSM Health**

Nonpriority Creditor's Name

PO Box 956542

Number Street

City State ZIP Code

St Louis MO 63195**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debt

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debtLast 4 digits of account number **2 6 8 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical debt

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.24****\$402.61****SSM Health**

Nonpriority Creditor's Name

PO Box 411997

Number Street

Last 4 digits of account number **3 3 1 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St Louis MO 63132

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical debt

4.25**\$3,631.00****Synchrony bank/Amazon**

Nonpriority Creditor's Name

ATTN: Bankruptcy Dept

Number Street

PO box 965060Last 4 digits of account number **4 4 6 9**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Orlando FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Charge account

4.26**\$2,998.00****Synchrony bank/Ashley Furniture Homestor**

Nonpriority Creditor's Name

ATTN: Bankruptcy

Number Street

PO Box 965060

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Orlando FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Charge account

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.27****\$11,581.00****Synchrony Bank/Care Credit**

Nonpriority Creditor's Name

ATTN: Bankruptcy Dept

Number Street

PO Box 956064**Orlando****FL****32896**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.28**\$10,556.00****Tinker Federal Credit Union**

Nonpriority Creditor's Name

ATTN Bankruptcy

Number Street

PO Box 45750**Tinker AFB****OK****73145**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.29**\$31,991.00****Tinker Federal Credit Union**

Nonpriority Creditor's Name

P.O. Box 45750

Number Street

Tinker AFB**OK****73145**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Charge account

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Repossession of vehicle

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.30****\$924.00****US Anesthesia Partners**

Nonpriority Creditor's Name

PO Box 840850

Number Street

Last 4 digits of account number **5 5 7 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75824
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical debt

4.31**\$1,300.00****USDOE/GLELSI**

Nonpriority Creditor's Name

ATTN: Bankruptcy

Number Street

PO Box 7860Last 4 digits of account number **8 5 8 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|--------------------------|---|---------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. <u>\$0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. <u>\$0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. <u>\$0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$0.00</u> |
| | 6e. Total. Add lines 6a through 6d. | 6d. <u>\$0.00</u> |

| | | Total claim |
|--------------------------|---|---------------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. <u>\$1,300.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. <u>\$0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + <u>\$103,531.54</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. <u>\$104,831.54</u> |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | Krysta | Nicole | Gentry |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF OKLAHOMA | | |
| Case number (if known) | 20-13708 | | |

☒ Check if this is an amended filing
Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Homeworx

Name

Personal rental agreement

1101 S Broadway

Contract to be ASSUMED

Number Street

Edmond**OK****73012**

City

State

ZIP Code

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Krysta</u> | <u>Nicole</u> | <u>Gentry</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF OKLAHOMA</u> | | |
| Case number (if known) | <u>20-13708</u> | | |

☒ Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)1a. Copy line 55, Total real estate, from Schedule A/B..... \$0.001b. Copy line 62, Total personal property, from Schedule A/B..... \$4,250.081c. Copy line 63, Total of all property on Schedule A/B..... \$4,250.08**Part 2: Summarize Your Liabilities**

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... \$0.003. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$0.003b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + \$104,831.54**Your total liabilities**\$104,831.54**Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)Copy your combined monthly income from line 12 of Schedule I..... \$3,185.005. *Schedule J: Your Expenses* (Official Form 106J)Copy your monthly expenses from line 22c of Schedule J..... \$3,155.00

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$3,185.00****9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

| | |
|--|--------------------------|
| 9a. Domestic support obligations. (Copy line 6a.) | <u>\$0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | <u>\$0.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | <u>\$0.00</u> |
| 9d. Student loans. (Copy line 6f.) | <u>\$1,300.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <u>\$0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | <u>+ \$0.00</u> |
| 9g. Total. Add lines 9a through 9f. | <u>\$1,300.00</u> |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Krysta</u> | <u>Nicole</u> | <u>Gentry</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF OKLAHOMA</u> | | |
| Case number (if known) | <u>20-13708</u> | | |

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Krysta Nicole Gentry
Krysta Nicole Gentry, Debtor 1

Date 06/28/2021
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | Krysta | Nicole | Gentry |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF OKLAHOMA | | |
| Case number (if known) | 20-13708 | | |

☒ Check if this is an amended filing
Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:**Dates Debtor 1
lived there****Debtor 2:****Dates Debtor 2
lived there**☐ Same as Debtor 1☐ Same as Debtor 1**13331 N MacArthur Blvd, Apt 514**

Number Street

From

To

Number Street

From

To

Oklahoma City OK 73142

City

State

ZIP Code

City

State

ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of the current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$31,196.58 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| For the last calendar year: (January 1 to December 31, <u>2019</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$93,967.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$90,984.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of the current year until the date you filed for bankruptcy: | Unemployment (estimate) | \$18,680.00 |
| | | |
| | | |
| For the last calendar year: (January 1 to December 31, <u>2019</u>) YYYY | Gross rental income | \$9,300.00 |
| | | |
| | | |
| For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY | Gross rental income | \$10,497.00 |
| | | |
| | | |

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No

- ☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No

- ☒ Yes. Fill in the details.

Case title**Krysta Watson v. Andy Meese****Nature of the case****Family and Domestic: Paternity;
Appellate Case No. PR-119035****Court or agency****Oklahoma County**

Court Name

320 Robert S. Kerr

Number Street

Status of the case☐ Pending☒ On appeal☐ ConcludedCase number **FP-2014-1169****Oklahoma City**

City

OK

State

73102

ZIP Code

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Case title****David Cameron Williams v.
Krysta Nicole Hollis****Nature of the case****Family and Domestic: Paternity****Court or agency****Oklahoma County District Court**

Court Name

320 Robert S Kerr Ave

Number Street

Status of the case☒ Pending☐ On appeal☐ ConcludedCase number **FD-2007-3130****Oklahoma City**

City

OK

State

73102

ZIP Code

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No☐ Yes**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| Stephen A. Harry Person Who Was Paid | Attorney fees | | |
| 3030 NW Expressway Number Street | | 10/2020 | \$1,500.00 |
| Suite 200 | | | |
| Oklahoma City OK 73112 City State ZIP Code | | | |
| stephenharry@sahlawoffice.com Email or website address | | | |

Person Who Made the Payment, if Not You

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| Moneysharp Person Who Was Paid | Credit counseling course | | |
| 1916 N. Fairfield Avenue Number Street | | 10/2020 | \$10.00 |
| Chicago IL 60647 City State ZIP Code | | | |
| Email or website address | | | |

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708****18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

| Person Who Received Transfer | Description and value of any property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|--|------------------------|
| William T. Hollis and Pamela Sue Hollis 12840 Park Hill Road Number Street | Property located at 12840 Park Hill Road, Oklahoma City, OK 73142. | | <u>1/22/2020</u> |

Oklahoma City **OK** **73142**
City State ZIP Code

Person's relationship to you **Parents**

| Person Who Received Transfer | Description and value of any property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Deborah Strawn McIntyre 1009 NW 186th Street Number Street | DKG Investments LLC executed a quit claim deed in favor of Deborah McIntyre for the real property located at 12840 Park Hill Road, Oklahoma City, OK 73142. The QCD has an effective date of 11/1/20. | | <u>11/1/2020</u> |

Edmond **OK** **73012**
City State ZIP Code

Person's relationship to you **Mother in law**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

| Where is the property? | | Describe the property | Value |
|------------------------------------|-----------------------------|------------------------|-------------------|
| Deborah and Harold McIntyre | | 2006 Lexus GX7 | \$2,000.00 |
| Owner's Name | | | |
| 6716 NW 119th Street | 2800 NW 184th Street | | |
| Number Street | Number Street | | |
| Oklahoma City OK 73162 | | Edmond OK 73012 | |
| City | State ZIP Code | City | State ZIP Code |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|--|--|
| DKG Investments, LLC Business Name | Describe the nature of the business Property management | Employer Identification number Do not include Social Security number or ITIN. |
| 2800 NW 184th Street Number Street | Name of accountant or bookkeeper | EIN: _____ |
| | | Dates business existed |
| | | From <u>1/2020</u> To <u>Present</u> |
| Edmond City | OK State | 73012 ZIP Code |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Krysta Nicole Gentry
 Krysta Nicole Gentry, Debtor 1
 Date 06/28/2021

X _____
 Signature of Debtor 2
 Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | Krysta | Nicole | Gentry |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF OKLAHOMA | | |
| Case number (if known) | 20-13708 | | |

☒ Check if this is an amended filing
Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name:

Homeworx

Description of leased property:

Personal rental agreement☐ No☒ Yes

Debtor 1 Krysta Nicole Gentry

Case number (if known) 20-13708

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Krysta Nicole Gentry
Krysta Nicole Gentry, Debtor 1

X _____
Signature of Debtor 2

Date 06/28/2021
MM / DD / YYYY

Date _____
MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
OKLAHOMA CITY DIVISION

IN RE: **Krysta Nicole Gentry**

CASE NO **20-13708**

CHAPTER **7**

AMENDED
VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/28/2021

Signature /s/ Krysta Nicole Gentry
Krysta Nicole Gentry

Date _____

Signature _____

/s/ Gary D. Hammond

Gary D. Hammond

13825

Mitchell & Hammond

512 N.W. 12th Street

Oklahoma City, OK 73103

(405) 216-0007

Amex/Bankruptcy
ATTN: Corr./Bankruptcy
PO Box 981540
El Paso, TX 79998

At the Beach
333 West Hampden Ave
Suite 830
Englewood, CO 80110

Brett Glenn
13205 NW 6th
Yukon, OK 73099

CCS
PO Box 337
Norwood, MA 02062

Centers for Women's Health
13921 N Meridian Ave
Suite 200
Oklahoma City, OK 73134

Citibank
Citicorp Credit Services
ATTN: Centralized Bankruptcy Dept
PO Box 790034
st Louis, MO 63179

Citibank/The Home Depot
Citicorp Credit Services
ATTN Centralized Bankruptcy dept
PO Box 790034

Comenity Bank/Kay Jewelers
ATTN: Bankruptcy Dept
PO Box 182125
Columbus, OH 43128

Dermatology Clinic
2743 NW Expressway
Oklahoma City, OK 73112

Discover Financial
ATTN: Bankruptcy
PO Box 3025
New Albany, OH 45274

DLO
PO Box 740732
Cincinnati, OH 45274

Dr. Mark A. Dawkins M.D., P.C.
13174 N MacArthur Blvd
Oklahoma City, OK 73142

Emergency Physicians of Mid America
PO Box 5406
Cincinnati, OH 45273

Homework
1101 S Broadway
Edmond, OK 73012

Kohl's/Capital One
ATTN: Credit Admin
PO Box 3043
Milwaukee, WI 53201

Mercy Health Center
1730 E. Portland
Springfield, MO 65804

Mercy Health Center/Receivable Solution
PO Box 21608
Columbia, SC 29221-1608

Oklahoma Otolaryngology Associates
PO Box 96-0119
Oklahoma City, OK 73196

Optique Vision Center
1482 S Bryant Ave
Edmond, OK 73034

Preston Hills Homeowners Association
PO Box 721169
Oklahoma City, OK 73172

Quail Springs Dental
14221 N Penn
Suite C
Oklahoma City, OK 73134

Retinal Associates of Oklahoma
12318 St. Andrews Dr
ATTN: Dr. Haivala

Southwest Orthopaedic c/o Works & Lentz
3030 NW Expressway
Suite 1300
Oklahoma City, OK 73112

SSM Health
PO Box 956542
St Louis, MO 63195

SSM Health
PO Box 411997
St Louis, MO 63132

Synchrony bank/Amazon
ATTN: Bankruptcy Dept
PO box 965060
Orlando, FL 32896

Synchrony bank/Ashley Furniture Homestor
ATTN: Bankruptcy
PO Box 965060
Orlando, FL 32896

Synchrony Bank/Care Credit
ATTN: Bankruptcy Dept
PO Box 956064
Orlando, FL 32896

Tinker Federal Credit Union
ATTN Bankruptcy
PO Box 45750
Tinker AFB, OK 73145

Tinker Federal Credit Union
P.O. Box 45750
Tinker AFB, OK 73145

US Anesthesia Partners
PO Box 840850
Dallas, TX 75824

USDOE/GLELSI
ATTN: Bankruptcy
PO Box 7860

Fill in this information to identify your case:

| | | | |
|---|-------------------------------------|---------------|---------------|
| Debtor 1 | <u>Krysta</u> | <u>Nicole</u> | <u>Gentry</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>WESTERN DISTRICT OF OKLAHOMA</u> | | |
| Case number (if known) | <u>20-13708</u> | | |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☒ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☒ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | <i>Column A</i> Debtor 1 | <i>Column B</i> Debtor 2 or non-filing spouse |
|---|------------------------------------|---|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | <u>\$0.00</u> | _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | <u>\$0.00</u> | _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u>\$850.00</u> | _____ |

Debtor 1 **Krysta Nicole Gentry**Case number (if known) **20-13708**Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**5. Net income from operating a business, profession, or farm**

| | Debtor 1 | Debtor 2 | | |
|---|-----------------|----------|-------------|---------------------|
| Gross receipts (before all deductions) | <u>\$0.00</u> | _____ | | |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - _____ | | |
| Net monthly income from a business, profession, or farm | <u>\$0.00</u> | _____ | Copy here → | <u>\$0.00</u> _____ |

6. Net income from rental and other real property

| | Debtor 1 | Debtor 2 | | |
|---|-----------------|----------|-------------|---------------------|
| Gross receipts (before all deductions) | <u>\$0.00</u> | _____ | | |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - _____ | | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | _____ | Copy here → | <u>\$0.00</u> _____ |

7. Interest, dividends, and royalties

| | |
|---------------|-------|
| <u>\$0.00</u> | _____ |
|---------------|-------|

8. Unemployment compensation

| | |
|-------------------|-------|
| <u>\$2,335.00</u> | _____ |
|-------------------|-------|

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse..... _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

| | |
|---------------|-------|
| <u>\$0.00</u> | _____ |
|---------------|-------|

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

| | | |
|--|--|--|
| | | |
| | | |

| | | |
|--|---------|---------|
| Total amounts from separate pages, if any. | + _____ | + _____ |
|--|---------|---------|

Debtor 1 Krysta Nicole GentryCase number (if known) 20-13708Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**11. Calculate your total current monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

| | | | | |
|------------|---|--|---|------------|
| \$3,185.00 | + | | = | \$3,185.00 |
|------------|---|--|---|------------|

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. \$3,185.00

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form. 12b. \$38,220.00**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Oklahoma

Fill in the number of people in your household.

4Fill in the median family income for your state and size of household..... 13. \$78,458.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Krysta Nicole Gentry

Krysta Nicole Gentry, Debtor 1

X

Signature of Debtor 2

Date 6/28/2021

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.